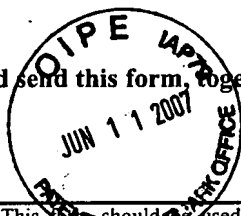


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or Fax **(571)-273-2885**



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

31425 7590 04/18/2007

INDIANO VAUGHAN LLP
ONE N. PENNSYLVANIA STREET
SUITE 1300
INDIANAPOLIS, IN 46204

06/13/2007 WABDEL3 00000045 10647991

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/647,991 08/26/2003 John Moenning 7432-0046 2487

TITLE OF INVENTION: DENTAL ANESTHESIA ADMINISTRATION MASK AND EYE SHIELD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	07/18/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALI, SHUMAYA B	3771	128-203120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
 1 E. VICTOR INDIANO
 2 INDIANO VAUGHAN LLP
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

King Systems Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Noblesville, IN USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1590 (enclose an extra copy of this form).

Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature E. Victor Indiano
 Typed or printed name E. VICTOR INDIANO

Date 11 June 2007
 Registration No. 30,143

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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THE UNITED STATES PATENT AND TRADEMARK
OFFICE

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Indianapolis, Indiana 46204
PHONE: 317-822-0033
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In re Application of:

Applicant: Moenning et al.
Invention DENTAL ANESTHESIA
ADMINISTRATION MASK AND EYE
SHIELD
Serial No.: 10/647,991
Filing Date: 26 August 2003
Examiner: Ali, Shumaya B
Art Unit: 3771
Docket No.: 7432-0046

Box Issue Fee
The Commissioner for Patents
Alexandria, VA 22313-1450

Certificate of Express Mailing Under 1.10

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as "Express Mail, Post Office to Addressee" by the certificate Number set forth below, in an envelope addressed to: The Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

Date: 11 June 2007

Signature: 

Marianne E. Ries

Exp. Cert. No.: EV943984519US

Deposit Account


The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to Deposit Account No. 50-1590

CUSTOMER NUMBER: 000031423

With this transmittal letter we enclose the Part B - Issue Fee Transmittal along with a check made payable to the **Commissioner for Patents** in the amount of **\$1,700.00** (LARGE Entity Issue fee \$1400.00 and publication fee \$300.00).

The Commissioner is hereby authorized to deduct any defect or deficiencies in fee, or credit any overpayment to the **Deposit Account No. 50-1590**.

Respectfully submitted,



E. Victor Indiano, No. 30,143